PTO/SB/96 (08-03)
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PATE	TION RECOR	of Information	App App	dess il displays a valid OMB control number. Application or Dockel Number					
	SMA	SMALL ENTITY		OTHER THAN SMALL ENTITY					
FOR	NUMBER FIL	ED N	UMBER EXTRA	RATE	CEE			1,	\dashv
BASIC FEE (37 CFR 1.16(a))			· :	TWIE	FEE		RATE	FEE	_
TOTAL CLAIMS (37 CFR 1.16(c)) INDEPENDENT CLAIMS	minu	s 20 =		X \$	= -	OR OR		-	4
(37 CFR 1.16(b))	minus	s 3 = .		X:	_	7 00	× \$=	-	4
MULTIPLÉ DEPENDENT	CLAIM PRÉSENT	(37 CFR 1.18(d				→ ÖR	. X \$=		
• .					=	OR	+ \$=		1
* If the difference in column 1 is less than zero, enter *0* in column 2.				TOTAL		OR	TOTAL		7
. CLAI	MS AS AMENDE	D - PART II					·	I	1
	Column 1)	(Column :	2) (Oolumn 3)	SMAL	L ENTITY .	OR	OTHE SMALL	R THAN ENTITY	
7/24/	EMAINING AFTER MENDMENT	NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE ·	ADDI-	1.
Total (37 CFR 1.16(c))	50 Minus		= 1		FEE	-	<u> </u>	TIONAL FEE	
Independent (37 CFR 1.16(b))	// Minus	100	- 00	X \$=	-	Con the	.x \$=		
Ž		1/2		× \$	10	OR	X \$=		7
. TIKST PRESENTATION	OF MULTIPLE DEPENI	DENT CLAIM (37	CFR 1.16(d))	+3=		OR	.t-\$ =		1
			•	TOTAL ADD'L FEE		.OR	TOTAL		1
· (C	olumn 1)	(Column 2)	(Column 3)			1 .01	ADD'L FEE		-
RE ا ما احداث	CLAIMS MAINING	HIGHEST NUMBER	PRESENT] [T ** .	1.			
9/28/6 AME	AFTER ENDMENT	PREVIOUSLY PAID FOR		RATE	ADDI-		RATE .	ADDI-	ľ
Total (37 CFR 1.16(c))	Minus	- FAID FOR	111		FEE			TIONAL FEE	
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	Minus		1			OR .	<u> </u>		!
ļ ————————————————————————————————————	<u> </u>	l		X \$B		OF	X \$ =		
FIRST PRESENTATION	+ \$=		OR	+ .					
• • •				TOTAL ADD'L FEE		. '	TOTAL		
	umn 1)	(Column 2)	(C-l	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	اــــــا	OR	ADD L FEE		
. Ci	AIMS	(Column 2) HIGHEST	(Column 3)						
1 : 1: A	IAINING FTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-		RATE	· ADDI- ·	
total	NDMENT -Minus -	PAID FOR			TIONAL FEE	. 1		TIONAL	
(37 CFR 1.16(c))			,	X \$ =		OR :	X.\$ =		 -
(37 CFR.1.16(b))	Minus	444 (=	X \$ =		1	X. \$=		
FIRST PRESENTATION O	F MULTIPLE DEPENDE	NT CLAIM 197 CE	P (16(d))	1		ÖR .	× \$=		. •
		TI CLAIM (37 CF	K 1.16(d))	+ 5 = :	. '	OR-	+ \$ =		٠
If the entry in action 4	1.1	•		TOTAL ADD'L FEE			TOTAL ADD'L FEE		
If the entry in column 1 If the "Highest Number I If the "Highest Number F	is less than the entry i Previously Pald For it	n column 2, write	"0" In column 3.				WAR ELCE		
If the "Highes! Number F The "Highes! Number Pr	Previously Paid For It	THIS SPACE IS	less than 3, ente	ner "20". er "3".			·.	. [
The "Highest Number Pr liection of Information is					ne appropriate	box in colu	Imn 1.		

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.